

WEST VIRGINIA INSURANCE COMMISSIONER

P. O. Box 50541, Charleston WV 25305-0541

Telephone (304) 558-0610

FAX (304) 558-4966 (Use FAX only for items that do not require a fee)

REQUEST FORM for AGENCIES

AGENCY NAME: _____

WV LICENSE #: _____

FEIN #: _____

The following is requested:

1. LETTER OF CERTIFICATION -- \$5.00 per letter requested

A Letter of Certification is issued to an actively licensed resident agency that is applying for a non-resident license in another state.

Enclose a self-addressed return envelope.

Letters requested ____ X \$5.00 = \$_____ Total Amount Due

Please record:

Check # _____ (Check payable to: West Virginia Insurance Commissioner)

Date of Check _____

2. DUPLICATE LICENSE CARD -- \$5.00

____ The agency's license card has been lost, stolen, or destroyed.

____ A duplicate license card is requested due to an address change and/or a name change.

Please record:

Check # _____ (Check payable to: West Virginia Insurance Commissioner)

Date of Check _____

3. ____ CHANGE OF ADDRESS

4. ____ CHANGE OF NAME*

From: _____

From: _____

To: _____

To: _____

*Name change--include copy of documentation of the name change.

NOTE: There is no charge for address change or name change unless you wish a new license printed. If a new license is requested, complete item 2 and submit the proper fee.

Signature of Requestor

Date

Telephone Number